TE	EMIZED DIS	(FEC Form 3) BURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) y of the y Page	FOR LINE NUMBER: PAGE 329 OF 392 (check only one) X 17
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NAME OF COMMITTEE (In Full) FRIENDS OF JOHN MCCAIN, INC.					
	Full Name (Last, First, Middle Initial) AMBER JOHNSON			Date of Disbursement [איר אין	
	Mailing Address 228 S WASHINGTON ST STE 115			07 15 2015	
	City ALEXANDRIA Purpose of Disburs	State VA	Zip Code 22314		Amount of Each Disbursement this Period
	PAYROLL Candidate Name Category/			Transaction ID : SB17.3	
	Office Sought:	House Disbursement Senate Prim President Othe		Туре	
В.	Full Name (Last, First, Middle Initial) AMBER JOHNSON Mailing Address 228 S WASHINGTON ST STE 115				Date of Disbursement M M O D
	City ALEXANDRIA	State VA	Zip Code 22314		Amount of Each Disbursement this Period
	Purpose of Disbur PAYROLL Candidate Name	sement		Category/	3132.78 Transaction ID : SB17.4
	Office Sought:		For: nary General er (specify)	1,700	
c.	Full Name (Last, First, Middle Initial) AMBER JOHNSON			Date of Disbursement	
	Mailing Address 228 S WASHINGTON ST STE 115			08 15 2015	
	City State Zip Code ALEXANDRIA VA 22314			Amount of Each Disbursement this Period	
	Purpose of Disbursement PAYROLL Candidate Name Category/ Type			3132.78 Transaction ID : SB17.5	
	Office Sought:		t For: nary General er (specify)	1,190	
	UBTOTAL of Disbursements This Page (optional)			9398.34	
١,	FOTAL This Period	(last page this line number only)		••••	